

## P A T E N T

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/650,304  
Applicant : John M.K. Daniel et al.  
Filed : August 28, 2003  
TC/A.U. : 3731  
Examiner : Vi X. Nguyen  
Title : DISTAL PROTECTION DEVICE AND METHOD  
Docket No. : 1001.1351114  
Customer No. : 28075

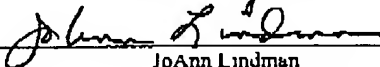
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RENEWED PETITION UNDER 37 CFR 1.137(b)

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CERTIFICATE UNDER 37 C.F.R. 1.06(d): The undersigned hereby certifies that this paper or papers, as described herein, are being facsimile transmitted to the U.S. Patent and Trademark Office, Fax No. 571-273-8300, on this 10 day of February, 2006.

By \_\_\_\_\_



JoAnn Lindman

Dear Sir:

This is a request for reconsideration of the dismissal of applicants' Petition to Revive filed December 30, 2005. In the Communication from the Petitions Attorney, dated January 17, 2006, dismissing applicants' Petition, the Petitions Attorney indicated that applicants' Petition included all the required elements, except for the required reply.

Accompanying this Communication is a copy of the continuation application filed December 21, 2005 in response to the Office Action dated June 21, 2005. This continuation has now been assigned Serial No.11/314,775. Applicants respectfully submit that the continuation application satisfies the requirement for a reply in accordance with MPEP §711.03(c)II.A.2.(b)(D).

Page 1 of 2

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  <i>(Only for new nonprovisional applications under 37 CFR 1.53(d))</i>	Attorney Docket No.	1001 1351116
	First Inventor	John M. K. Daniel
	Title	Distal Protection Device and Method
	Express Mail Label No.	EV426846693US

<b>APPLICATION ELEMENTS</b> <i>See MPEP chapter 800 concerning utility patent application contents</i>	<b>ADDRESS TO:</b> Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450
<ol style="list-style-type: none"> <li>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)  <i>(Submit an original and a duplicate for fee processing)</i></li> <li>2. <input type="checkbox"/> Applicant claims small entity status.  <i>See 37 CFR 1.27</i></li> <li>3. <input checked="" type="checkbox"/> Specification [Total Pages <u>48</u>]  <i>Both the claims and abstract must start on a new page.            (For information on the preferred arrangement, see MPEP 608.01(a))</i></li> <li>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>16</u>]</li> <li>5. Oath or Declaration [Total Sheets <u>3</u>]            a. <input type="checkbox"/> Newly executed (original or copy)            b. <input checked="" type="checkbox"/> A copy from a prior application (37 CFR 1.63(d))  <i>(for continuation/divisional with Box 18 completed)</i>  <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b>  <i>Signed statement attached deleting inventor(s)            name in the prior application, see 37 CFR            1.63(d)(2) and 1.33(b)</i></li> <li>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</li> <li>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or            Computer Program (Appendix)  <input type="checkbox"/> Landscape Tape on CD</li> <li>8. Nucleotide and/or Amino Acid Sequence Submission  <i>(if applicable, items a - c are required)</i>            a. <input type="checkbox"/> Computer Readable Form (CRF)            b. <input type="checkbox"/> Specification Sequence Listing on                i. <input type="checkbox"/> CD-ROM or CD-R (2 copies), or                ii. <input type="checkbox"/> Paper            c. <input type="checkbox"/> Statements verifying identity of above copies</li> </ol>	<b>ACCOMPANYING APPLICATION PARTS</b>  <ol style="list-style-type: none"> <li>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))            Name of Assignee _____</li> <li>10. <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney  <i>(when there is an assignee)</i></li> <li>11. <input type="checkbox"/> English Translation Document (if applicable)</li> <li>12. <input type="checkbox"/> Information Disclosure Statement (PTO/SB/08 or PTO-1449)  <input type="checkbox"/> Copies of citations attached</li> <li>13. <input type="checkbox"/> Preliminary Amendment</li> <li>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)  <i>(Should be specifically itemized)</i></li> <li>15. <input type="checkbox"/> Certified Copy of Priority Document(s)  <i>(if foreign priority is claimed)</i></li> <li>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i)  <i>Applicant must attach form PTO/SB/35 or equivalent</i></li> <li>17. <input type="checkbox"/> Other _____</li> </ol>
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76 <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)    of prior application No.: <u>10650,304</u> Prior application information    Examiner <u>nguyen_vl_x</u> An Unit <u>3731</u>	
<b>19. CORRESPONDENCE ADDRESS</b> <input checked="" type="checkbox"/> The address associated with Customer Number <u>28075</u> OR <input type="checkbox"/> Correspondence address below	
Name <u>CROMPTON SEAGER &amp; TUFTE LLC</u> Address <u>1221 Nicolet Avenue, Suite 800</u> City <u>Minneapolis</u> State <u>MN</u> Zip Code <u>55403-2420</u> Country _____    Telephone <u>612-677-9050</u> Fax <u>612-359-9349</u>	
Signature <u>[Signature]</u> Date <u>December 21, 2005</u> Name (Print/Type) <u>Glenn M. Seager</u> Registration No. (Attorney/Agent) <u>36,926</u>	

This collection of information is required by 37 CFR 1.53(p). The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/06/2004  
Fees pursuant to the Consolidated Appropriations Act 2005 (H.R. 4818)

# **FEE TRANSMITTAL** **For FY 2005**

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**1,200.00**

## **Complete if Known**

Application Number **NEW APPLICATION**  
Filing Date **December 21, 2005**  
First Named Inventor **John M. K. Daniel**  
Examiner Name **Nguyen, Vi X**  
Art Unit **3731**  
Attorney Docket No **1001 1351116**

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## **METHOD OF PAYMENT (check all that apply)**

☒ Check ☐ Credit Card ☐ Money Order ☐ Note ☐ Other (please identify):  
☒ Deposit Account Deposit Account Number: **50-0413** Deposit Account Name: **Crompton, Seager & Tufte LLC**  
For the above-identified deposit account, the Director is hereby authorized to (check all that apply):  
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments or fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## **FEE CALCULATION**

### **1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	1,000.00
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

### **2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
16	- 20 or HP = 0	x 50.00	=			
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
4	- 3 or HP = 1	x 200.00	= 200.00			
HP = highest number of independent claims paid for, if greater than 3						

### **3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

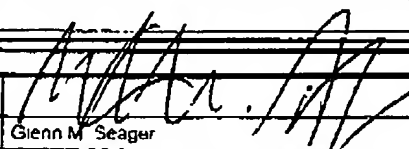
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
64	- 100 = 0	/ 50 = (round up to a whole number) x		

### **4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other:

## **SUBMITTED BY**

Signature  Registration No. **36,928** Telephone **612-677-9050**  
Name (Print/Type) **Glenn M. Seager** Date **December 21, 2005**

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4181). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b> Application Number: NEW APPLICATION Filing Date: December 21, 2005 First Named Inventor: John M.K. Daniel Examiner Name: Nguyen, Vi X Art Unit: 3731 Attorney Docket No: 1001.1351116	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>RECEIVED</b> <b>CENTRAL FAX CENTER</b> <b>FEB 10 2006</b>	
TOTAL AMOUNT OF PAYMENT (\$): 1,200.00			

## METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account Deposit Account Number: 50-0413 Deposit Account Name: Crompton, Seager & Tufte LLC  
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

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Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	1,000.00
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

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Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fees Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fees Paid (\$)
16	20 or HP = 0	50.00				
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fees Paid (\$)			
4	3 or HP = 1	200.00	200.00			
HP = highest number of independent claims paid for if greater than 3						

## 3. APPLICATION SIZE FEE

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
64	100 = 0	1	250	

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: \_\_\_\_\_

SUBMITTED BY		
Signature	Registration No. (Attorney/Agent) 36,926	Telephone 612-677-9050
Name (Print/Type) Glenn M. Seager		Date December 21, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Date of Deposit: December 21, 2005  
Applicant: John M. K. Daniel et al.  
Serial No.: NEW APPLICATION  
Filing Date: December 21, 2005  
Docket No.: 1001.1351116  
For: DISTAL PROTECTION DEVICE AND METHOD

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Serial No.: NEW APPLICATION

Filing Date: December 21, 2005

Docket No.: 1001.1351116

For: DISTAL PROTECTION DEVICE AND METHOD

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